

**REQUEST FOR ADJUDICATION  
COMPLEX LITIGATION DOCKET (CLD)**

JD-CL-77 Rev. 4-13

**STATE OF CONNECTICUT  
JUDICIAL BRANCH**

www.jud.ct.gov

For Court Use Only

**RADJCLD****INSTRUCTIONS**

1. Fill out a form for each motion or objection (or request) that you want decided.
2. File in the CLD location where the case is assigned.
3. In all cases that require e-filing, Requests For Adjudication shall be e-filed and the filer must select "Request for Adjudication Complex Litigation" when naming the form in e-filing.

The Court will **only** act on or schedule a motion or objection (or request) if a *Request for Adjudication* form is filed. A Request for Adjudication form should be filed **after** the time for filing a response to the motion or objection has passed (unless the matter needs immediate action or the parties agree, in which case it may be filed before the time for filing a response has passed).

Judicial District of <b>WATERBURY</b>	Name of case <b>SHERWOOD V. STAMFORD HOSPITAL</b>	Docket number <b>UWY-CV-14-6025333-S</b>
Title of motion or objection that you want decided <b>MOTION FOR COMMISSION FOR DEPOSITION</b>		Date of motion or objection <b>09/29/2016</b>
Print the name of the party filing this request <b>JACQUELINE E. FUSCO, ESQ.</b>		Motion or objection entry number <b>171.00</b>

- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| 1. May the motion or objection be granted or sustained by agreement or consent?.....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Has opposing counsel or self-represented party already filed a response to the motion or objection? .....                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, provide the date of the response: _____ and entry number: _____   |                          |                                     |
| If no, indicate the agreed date, if any, when the response will be filed: _____   |                          |                                     |
| 3. Is oral argument requested? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Is testimony required?.....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, how much time will be needed: _____   |                          |                                     |
| 5. Does the matter need immediate action? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, explain why it is necessary. A telephonic conference may be requested for matters that need immediate action.       |                          |                                     |
|   |                          |                                     |
| 6. Are there any other motions or pleadings directly related to the Court's consideration of the motion or objection? ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, give the title, date and entry number of the motion(s) or pleading(s):  |                          |                                     |

**Certification**

I certify that a copy of this document was mailed or delivered electronically or non-electronically on (date) **09/29/2016** to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to* <b>SEE ATTACHED</b>	Signed (Individual attorney or self-represented party)  ► <i>Jacqueline E. Fusco</i> Print or type name of person signing <b>JACQUELINE E. FUSCO, ESQ</b>
--	---

\* If necessary, attach additional sheet or sheets with the name and address the copy was mailed or delivered to.

<b>(For Court Use Only)</b> Response filed by (date): _____ Reply briefs filed by (date) : _____ Argument to be held on (date): _____ For Office use: Complete : _____ Withdrawn on (date) : _____	File date
--	-----------

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact the court clerk of the Judicial District above. [www.jud.ct.gov/ADA/](http://www.jud.ct.gov/ADA/)

[Print Form](#)[Reset Form](#)

### **CERTIFICATION**

This is to certify that a copy of the foregoing was Emailed this date, to all counsel of record.

Robert R. Simpson, Esq.

[RSimpson@goodwin.com](mailto:RSimpson@goodwin.com)

Christopher R. Drury, Esq.

[cdrury@goodwin.com](mailto:cdrury@goodwin.com)

Shipman & Goodwin

One Constitution Plaza

Hartford, CT 06103

***Counsel for 3<sup>rd</sup> Party Defendants:***

***Johnson & Johnson and Ethicon, Inc.***

Eric J. Stockman, Esq.

[estockman@npmlaw.com](mailto:estockman@npmlaw.com)

Simon I. Allentuch, Esq.

[sallentuch@npmlaw.com](mailto:sallentuch@npmlaw.com)

Neubert Pepe & Monteith, PC

195 Church Street

13<sup>th</sup> Floor

New Haven, CT 06510

***Counsel for Defendant Stamford Health***

***System Inc. d/b/a Stamford Hospital***

/s/ Jacqueline E. Fusco

Jacqueline E. Fusco, Esq.